





PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	09/943,677
Filing Date	August 31, 2001
First Named Inventor	Cofer
Group Art Unit	1774
Examiner Name	Unknown
Attorney Docket Number	

I hereby appoint:							
OR	ners at Customer Number	22889		—▶	Place Customer Number Bar Code Label here		
	Name		Ī i	Registration	Number		
	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR							
Firm or		-					
Individual Na Address	ıme						
Address							
City		<u> </u>	State		Zip		
Country			0.0.0				
Telephone			Fax	······································			
I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name	Cameron G. Co	fer					
Signature	Can Off						
Date	Date 29 January 2002						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
☑ *Total of forms are submitted.							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box ————————	+	l
--	---	---

PTO/SB/81 (10-00) Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	09/943,677
Filing Date	August 31, 2001
First Named Inventor	Cofer
Group Art Unit	1774
Examiner Name	Unknown
Attorney Docket Number	24565A

I boroby appo	int:		<del></del>			
OR	ners at Customer Number  ner(s) named below:	22889	]	Place Customer Number Bar Code Label here		
	Name		Registrat	ion Number		
<u> </u>	Ivaine		registrat	ion rumber		
<u> </u>						
<u> </u>		<del></del>		<del> </del>		
	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR						
Firm or						
Individual Na	me		<del></del>			
Address			<del> </del>			
Address		· · · · · · · · · · · · · · · · · · ·				
City		Sta	te j	Zip		
Country				·		
Telephone		Fax				
I am the:  X Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Namo			<del>1 ~ , /</del>			
Name	Dale E. McCoy					
Signature	Chales Ma Coy					
Date 24 Jan O2						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
Total of 2	forms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.